

SKIN-GRAFTING INFECTED AREAS.

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By "infected areas" I mean raw surfaces which may or may not have been originally aseptic, but which have become infected, and from which pus exudes. Such surfaces are often the result of burns, extensive operations, contused wounds, or conditions of imperfect local nutrition as in varicose ulcers.

Any of these raw surfaces, when they have become infected, may take on the form of indolent ulcers, and, in spite of every method of stimulation, the cicatricial process stops, and the ulcer may increase in size. This is especially true of varicose ulcers.

The following method of preparation of the ulcer I have found to make practicable the immediate application of Thiersch's grafts, and thereby greatly lessening the time required for effecting a cure.

The whole secret of success lies in the method of rendering the septic area *aseptic*. It is a simple one, and may be described briefly as follows:

The night before the operation, the ulcerating and surrounding area should be cleansed as thoroughly as possible with green soap and hydrogen peroxide to remove the dried crusts and debris from the granulations. In case of very foul varicose ulcers, more time may be taken, and a compress wet with 50 per cent. solution of peroxide may be applied for a few days until the exudate is removed.

After cleansing, the raw surface is covered with a compress saturated with a 1 per cent. solution of formaldehyde (the ordinary 40 per cent. pharmaceutical preparation being the unit), and this compress is allowed to remain in place until the patient is on the operating table. When the com-

press is removed, it will be found that the granulation layer is dry and dark red in color, having an appearance much like smoked beef. This layer is about a quarter of an inch in depth; it is friable, and can easily be scraped off with a sharp spoon from the underlying tissue, which is whitish and bleeds very little. The removal of the granulation layer should be thorough, and what little oozing there is can easily be stopped by the application of the Esmarch solid rubber band for a few minutes. The use of the rubber is a valuable step in the operation, as the smooth rubber makes equable compression and does not stick to the tissues when removed, but leaves an ideal surface for skin-grafting.

The remainder of the operation is the ordinary one for the application of Thiersch's grafts. The after-treatment is the same. As a rule, at the first dressing, three or four days after the operation, the grafts are found adherent and in good order. The dressings should be done every two or three days until the healing process is complete.

I have been surprised and delighted with the success of this method in the few cases where I have tried it. Large granulating surfaces resulting from burns by molten metal, operations for the removal of the breast, and in the last case, one of a varicose ulcer the size of an adult hand, have been completely healed in a little over two weeks.